



NC DMA Pharmacy Request for Prior Approval - Growth Hormone – Adult 21 Years of Age and Older

Recipient Information

DMA-0016

1. Recipient Last Name: _____ 2. First Name: _____
3. Recipient ID #: _____ 4. Recipient Date of Birth: _____ 5. Recipient Gender: _____

Payer Information

6. Is this a Medicaid or Health Choice Request? Medicaid: ☐ Health Choice: ☐

Prescriber Information

7. Prescribing Provider #: _____ NPI: ☐ or Atypical: ☐

8. Prescriber DEA #: _____

Requester Contact Information

Name: _____ Phone #: _____ Ext: _____

Drug Information

9a. Drug Name: _____ 9b. Is this request for a Non-Preferred Drug? ☐ Yes ☐ No

10. Strength: _____ 11. Quantity Per 30 Days: _____

12. Length of Therapy (in days): ☐ up to 30 ☐ 60 ☐ 90 ☐ 120 ☐ 180 ☐ 365 ☐ Other: _____

Clinical Information

1. Diagnosis: _____

FOR NON-PREFERRED DRUGS: COMPLETE THIS SECTION AS WELL AS BELOW.

☐ Failed two preferred drug(s). List preferred drugs failed: _____

Or list reason why patient cannot try two preferred drugs: _____

2. History of: a. ☐ Turners Syndrome b. ☐ Prader Willi Syndrome c. ☐ Craniopharyngioma

d. ☐ Panhypopituitarism e. ☐ Cranial Irradiation

f. ☐ MRI History of Hypopituitarism list: _____ g. ☐ Hypopituitarism

h. ☐ Chronic Renal Insufficiency i. ☐ SGA with IUGR j. ☐ Other: _____

3. Was the patient diagnosed as a child? ☐ Yes ☐ No

4. Did the patient have a height velocity < 25th Percentile for Bone Age. ☐ Yes ☐ No Height Velocity: _____

5. Did the patient have low serum levels of IGF-1 and IGFBP-3? ☐ Yes ☐ No IGF-1 Level: _____ IGFBP-3 Level: _____

6. Did the patient have other signs of hypopituitarism? ☐ Yes ☐ No List: _____

7. Was the patient an adequately nourished child with hypoglycemia and a low GH response to hypoglycemia? ☐ Yes ☐ No

8. Was the patient's height < 3rd percentile for chronological age? ☐ Yes ☐ No Height: _____ Percentile: _____

9. Was birth weight and/or length more than 2 standard deviations below mean for gestational age with no catch up by age 2? ☐ Yes ☐ No

10. Is the patient currently being treated and diagnosed with GHD in childhood with a current low IGF-1? ☐ Yes ☐ No

IGF-1 Level: _____

11. Is the patient currently being treated and diagnosed with short stature in childhood with height > 2.25 standard deviations below mean for age, and bone age > 2 standard deviations below mean, and low serum levels of IGF-1 and IGF-BP3? ☐ Yes ☐ No

IGF-1 Level: _____ IGF-BP3 Level: _____

12. IS GHD documented by a negative response to a GH stimulation test? ☐ Yes ☐ No Agent 1: _____ Agent 2: _____ Peak: _____
Ng/ml: _____

13. Document cause of GHD (pituitary/hypothalamic disease, radiation, surgery, trauma): _____

Zorbitive only: 14. Is there a history of short bowel syndrome in the last 2 years? ☐ Yes ☐ No

Signature of Prescriber: _____ Date: _____

*Prescriber signature mandatory

Fax this form to CSC at: (855) 710-1964

Pharmacy PA Call Center: (866) 246-8505